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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	DEP673-CIP
		First Named Inventor	WACK, MICHAEL A.
		<b>COMPLETE IF KNOWN</b>	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DUAL LOCKING PLATE AND ASSOCIATED METHOD**  
*(Title of the Invention)*

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number   
 and was amended on (MM/DD/YYYY) 

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

**DECLARATION - Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/285,462	April 20, 2001	

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
10/100,387	March 18, 2002	Pending

I hereby appoint:

Practitioners at Customer Number **000027777** → Place Customer Number Bar Code Label Here

AND

Practitioner(s) named below:  
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Name:

Address:

Address:

City:	State:	ZIP
Country	Telephone:	Fax:

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) MICHAEL A.		Family Name or Surname WACK	
Inventor's Signature		Date	
Residence: City WARSAW	State IN	Country US	Citizenship US
Mailing Address 1604 S. WOODFIELD TRAIL			
City WARSAW	State IN	ZIP 46580	Country US
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NAME OF SOLE OR SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Pamela C.		Family Name or Surname Guzman	
Inventor's Signature		Date	
Residence: City Fort Wayne	State IN	Country US	Citizenship US
Mailing Address 6418 Beaver Creek Ct.			
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NAME OF SOLE OR THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Dennis A.		Family Name or Surname Stoller	
Inventor's Signature 		Date 7/25/03	
Residence: City Fort Wayne	State IN	Country US	Citizenship US
Mailing Address 11025 Wheelock Road			
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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Christopher K.		Family Name or Surname Bremer	
Inventor's Signature <i>Christopher Bremer</i>			Date 7/25/03
Residence: City Warsaw	State IN	Country US	Citizenship US
Mailing Address 294 North County Road 175 East			
City Warsaw	State IN	ZIP 46582	Country US
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Given Name (first and middle [if any]) Mark A..		Family Name or Surname Fenton	
Inventor's Signature <i>Mark A. Fenton</i>			Date 7/25/03
Residence: City North Manchester	State IN	Country US	Citizenship US
Mailing Address 621 East. 5 <sup>th</sup> Street			
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Residence: City BUFFALO	State NY	Country US	Citizenship US
Mailing Address UNIVERSITY ORTHOPAEDIC SERVICES PC, ERIE COUNTY MEDICAL CENTER, 462 GRIDER STREET			
City BUFFALO	State NY	ZIP 14215	Country US

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Given Name (first and middle [if any]) ROY W.		Family Name or Surname	SANDERS
Inventor's Signature	Date 7/28/03		
Residence: City TAMPA	State FL	Country US	Citizenship US
Mailing Address Florida Orthopaedic Institute, 4 Columbia Drive, Suite 710			
City Tamap	State FL	ZIP 33606	Country US

Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Number Bar Code  
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Name:

Address:

Address:

City:	State:	ZIP
Country	Telephone:	Fax:

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**DECLARATION  
AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with  Declaration Submitted after  
Initial Filing OR Initial Filing (Surcharge  
(37 CFR 1.16(e)) required)

Attorney Docket Number	DEP673-CIP
First Named Inventor	WACK, MICHAEL A.
COMPLETE IF KNOWN	
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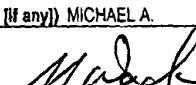
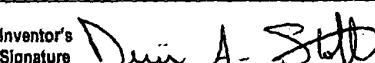
Name:

Address:

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City:	State:	ZIP
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Country	Telephone:	Fax:
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Inventor's Signature 		Date 7-27-03	
Residence: City WARSAW		State IN	Country US
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City Tampa	State FL	ZIP 33606	Country US

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	DEP673-CIP
		First Named Inventor	WACK, MICHAEL A.
		<i>COMPLETE IF KNOWN</i>	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DUAL LOCKING PLATE AND ASSOCIATED METHOD**  
*(Title of the Invention)*

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number   
and was amended on (MM/DD/YYYY) 

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## **DECLARATION - Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/285,462	April 20, 2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
10/100,387	March 18, 2002	Pending

I hereby appoint:

Practitioners at Customer Number **000027777** → Place Customer  
Number Bar Code Label Here

AND

Practitioner(s) named below:

**Registration Number**

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to John Wagley at telephone number (219) 372-7332.

Direct all correspondence to: Customer Number  OR  Correspondence address below

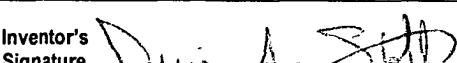
Name:

**Address:**

**Address:**

<b>City:</b>	<b>State:</b>	<b>ZIP</b>
<b>Country</b>	<b>Telephone:</b>	<b>Fax:</b>

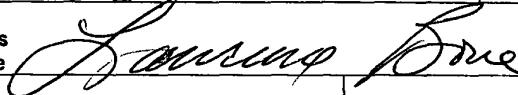
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) MICHAEL A.		Family Name or Surname WACK		
Inventor's Signature		Date		
Residence: City WARSAW	State IN	Country US	Citizenship US	
Mailing Address 1604 S. WOODFIELD TRAIL				
City WARSAW	State IN	ZIP 46580	Country US	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Pamela C.		Family Name or Surname Guzman		
Inventor's Signature		Date		
Residence: City Fort Wayne	State IN	Country US	Citizenship US	
Mailing Address 6418 Beaver Creek Ct.				
City Fort Wayne	State IN	ZIP 46814	Country US	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Dennis A.		Family Name or Surname Stoller		
Inventor's Signature 		Date 7/25/03		
Residence: City Fort Wayne	State IN	Country US	Citizenship US	
Mailing Address 11025 Wheelock Road				
City Fort Wayne	State IN	ZIP 46835	Country US	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Christopher K.		Family Name or Surname	Bremer
Inventor's Signature <i>Christopher Bremer</i>			Date 7/25/03
Residence: City Warsaw	State IN	Country US	Citizenship US
Mailing Address 294 North County Road 175 East			
City Warsaw	State IN	ZIP 46582	Country US
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Mark A..		Family Name or Surname	Fenton
Inventor's Signature <i>Mark A. Fenton</i>			Date 7/25/03
Residence: City North Manchester	State IN	Country US	Citizenship US
Mailing Address 621 East. 5 <sup>th</sup> Street			
City North Manchester	State IN	ZIP 46962	Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SIXTH INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) LAWRENCE B.		Family Name or Surname	BONE
Inventor's Signature			Date 7-29-03
Residence: City BUFFALO	State NY	Country US	Citizenship US
Mailing Address UNIVERSITY ORTHOPAEDIC SERVICES PC, ERIE COUNTY MEDICAL CENTER, 462 GRIDER STREET			
City BUFFALO	State NY	ZIP 14215	Country US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SEVENTH INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) ROY W.		Family Name or Surname	SANDERS
Inventor's Signature			Date
Residence: City TAMPA	State FL	Country US	Citizenship US
Mailing Address Florida Orthopaedic Institute, 4 Columbia Drive, Suite 710			
City Tamap	State FL	ZIP 33606	Country US